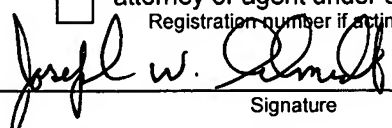


AP 12/12

PTO/SB/22 (12-04)
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|---|------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) 2852 PRO (203-3408) |
| Application Number 10/621,759 | | Filed July 17, 2003 |
| For SURGICAL NEEDLE | | |
| Art Unit 3763 | | Examiner Gary Jackson |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>21-0550</u> . I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,920</u> | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | |
|  _____ Joseph W. Schmidt Typed or printed name | | <u>April 24, 2006</u> _____ Date <u>631-501-5700</u> _____ Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | |

CERTIFICATION UNDER 37 C.F.R. §1.8(a)
I hereby certify that this correspondence is being deposited with the United States Postal Service on date below as first class mail, postpaid in an envelope, addressed to: Mail Stop Appeal Briefs, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22314-1450.

Dated: April 24, 2006


Joseph W. Schmidt

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